

**An example of how to complete this form is shown below.**  
**PROVIDER'S CHILD CARE DAILY TIME AND ATTENDANCE RECORD**  
Michigan Department of Human Services

**Billing website:** [www.michigan.gov/childcare](http://www.michigan.gov/childcare)

Provider ID Number:	0123456
Provider Name:	Laura Lansing
Pay Period Number:	903
Confirmation Number	
Page Number:	1

INSTRUCTIONS: Record the daily care begin time, the daily care end time, the child care hours, and the ill/holiday hours for each child in your care. Any changes must be initiated by the person making the change. See additional instructions on the back.  
**Keep this form for your records.** A daily attendance record must be retained for **four years** for auditing purposes.  
**Round daily hours to the nearest half hour.**

		Child's Name Tommy Towers Age 9					Child's Name Tara Towers Age 5					Child's Name Tina Towers Age 10 mos				
Day	Date	Care Begin Time	Care End Time	Child Care Hours	Ill/Holiday Hours	Parent Initial	Care Begin Time	Care End Time	Child Care Hours	Ill/Holiday Hours	Parent Initial	Care Begin Time	Care End Time	Child Care Hours	Ill/Holiday Hours	Parent Initial
Sun	1/18															
Mon	1/19	3:26 pm	5:42 pm	2.5		PT	7:28 am	11:38 am	6.5		PT	7:28 am	5:42 pm	10		PT
							3:26 pm	5:42 pm								
Tues	1/20	3:15 pm	5:30 pm	2		PT	7:42 am	11:27 am	5.5		PT	7:42 am	5:30 pm	10		PT
							3:15 pm	5:30 pm								
Wed	1/21	3:48 pm	5:48 pm	2		PT	7:35 am	11:29 am	6		PT	7:35 am	5:48 pm	10		PT
							3:48 pm	5:48 pm								
Thur	1/22				2	PT				6	PT				10	PT
Fri	1/23				2	PT				6	PT				10	PT
Sat	1/24															
Sun	1/25															
Mon	1/26	3:42 pm	5:35 pm	2		PT	7:30 am	11:40 am	6		PT	7:30 am	5:35 pm	10		PT
							3:42 pm	5:35 pm								
Tues	1/27	3:35 pm	5:51 pm	3		PT	7:40 am	11:30 am	7		PT	7:40 am	5:51 pm	10		PT
							3:35 pm	5:51 pm								
Wed	1/28	3:27 pm	5:28 pm	2		PT	7:10 am	11:30 am	6.5		PT	7:10 am	5:28 pm	9.5		PT
							3:27 pm	5:28 pm								
Thur	1/29	3:12 pm	5:30 pm	2.5		PT	7:47 am	11:46 am	6.5		PT	7:47 am	5:30 pm	9.5		PT
							3:12 pm	5:30 pm								
Fri	1/30	3:30 pm	5:10 pm	2.5		PT	7:27 am	11:32 am	6.5		PT	7:27 am	5:10 pm	9.5		PT
							3:30 pm	5:10 pm								
Sat	1/31															

I certify that:

- The above billing information is true and accurate to the best of my knowledge based on available information.
- I keep permanent and accurate records for four years, showing time of arrival and departure for each child on a daily basis.
- I understand that if benefits are overpaid for any reason, the extra benefits received will have to be repaid. If intentional misrepresentation caused the overpayment, the responsible party, including any adult in the program group or the group's authorized representative or provider of goods or services, may be prosecuted for fraud.

Child Care Provider's Signature

Phone Number

Date

# PROVIDER'S CHILD CARE DAILY TIME AND ATTENDANCE RECORD

Michigan Department of Human Services

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**Round daily hours to the nearest half hour.**

Provider ID Number:

Provider Name:

Pay Period Number:

Confirmation Number

Page Number:

		Child's Name					Child's Name					Child's Name				
		Age					Age					Age				
Day	Date	Care Begin Time	Care End Time	Child Care Hours	Ill/Holiday Hours	Parent Initial	Care Begin Time	Care End Time	Child Care Hours	Ill/Holiday Hours	Parent Initial	Care Begin Time	Care End Time	Child Care Hours	Ill/Holiday Hours	Parent Initial
Sun																
Mon																
Tues																
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Child Care Provider's Signature

Phone Number

Date

## INSTRUCTIONS:

At the end of each pay period, providers must bill for child care hours by using Internet billing at: [www.michigan.gov/childcare](http://www.michigan.gov/childcare). You will need to know the pay period number, your provider I.D. number, and PIN.

For questions about billing, refer to the Child Development and Care Handbook, DHS Pub. 230. If you still need help call the Central Reconciliation Unit at 1-866-990-3227.

**Provider ID Number:** Enter the 7-digit ID number (**not** license number) listed on the DHS-198, Child Development and Care Provider Certificate/Notice of Authorization.

**Provider Name:** Enter your name or the name of your facility.

**Pay Period Number:** Enter the number of the pay period that corresponds to the billing dates. See the table below. Use a separate page for each pay period.

Pay Period Dates	Pay Period Number	Billing Deadline*	Check/EFT Date	Pay Period Dates	Pay Period Number	Billing Deadline*	Check/EFT Date
12/19/10 – 01/01/11	101	01/06/11	01/13/11	07/17/11 – 07/30/11	116	08/04/11	08/11/11
01/02/11 – 01/15/11	102	01/20/11	01/27/11	07/31/11 – 08/13/11	117	08/18/11	08/25/11
01/16/11 – 01/29/11	103	02/03/11	02/10/11	08/14/11 – 08/27/11	118	09/01/11	09/09/11*
01/30/11 – 02/11/11	104	02/17/11	02/25/11*	08/28/11 – 09/10/11	119	09/15/11	09/22/11
02/13/11 – 02/26/11	105	03/03/11	03/10/11	09/11/11 – 09/24/11	120	09/29/11	10/06/11
02/27/11 – 03/12/11	106	03/17/11	03/24/11	09/25/11 – 10/08/11	121	10/13/11	10/20/11
03/13/11 – 03/26/11	107	03/31/11	04/07/11	10/09/11 – 10/22/11	122	10/27/11	11/03/11
03/27/11 – 04/09/11	108	04/14/11	04/21/11	10/23/11 – 11/05/11	123	11/09/11	11/17/11
04/10/11 – 04/23/11	109	04/28/11	05/05/11	11/06/11 – 11/19/11	124	11/22/11	12/01/11*
04/24/11 – 05/07/11	110	05/12/11	05/19/11	11/20/11 – 12/03/11	125	12/08/11	12/15/11
05/08/11 – 05/21/11	111	05/26/11	06/03/11*	12/04/11 – 12/17/11	126	12/20/11	12/29/11*
05/22/11 – 06/04/11	112	06/09/11	06/16/11	12/18/11 – 12/31/11	127	01/05/12	01/12/12
06/05/11 – 06/18/11	113	06/23/11	06/30/11				
06/19/11 – 07/02/11	114	07/07/11	07/14/11				
07/03/11 – 07/16/11	115	07/21/11	07/28/11				

\* Billing deadlines on days before holidays are at 5:00 PM on the indicated date. Otherwise, they are at the end of the day (midnight). Delays in payments should be expected during holiday periods when state offices and post offices are closed.

**Confirmation Number:** Enter the confirmation number you get at the end of your Internet billing.

**Page Number:** Enter the page number.

**Child's Name and Age:** Enter the name and age of each child for whom care has been authorized for the billing period. Place them in alphabetical order by last and first name.

**Care Begin and End Times:** Enter the times in hours and minutes, indicating if it is AM or PM.

**Child Care Hours:** Enter the number of hours of care that were actually provided, rounded to the nearest half hour. Enter a half hours as .5. **This may be more or less than the number of hours authorized on the DHS-198. Leave blank any days the child did not attend.**

**Child Ill/Holiday Hours** Absences due to holidays or the child's illness (not to exceed 208 hours per fiscal year) can be billed if you charge the general public (all families) for the holiday or absences due to illness AND if the child would have normally been in care that day. If you do bill child ill/holiday hours, you may not enter more hours than the child would have normally been in care that day. In the box for the day that the holiday or the absence occurred, enter the number of hours being billed, rounded to the nearest half hour. Enter a half hour as .5. See the Child Development and Care Handbook, DHS Pub 230.

**Parent or Authorized Representative Initial:** The parent or authorized representative must initial daily for each child, for those days they were in care, to indicate that the entries are correct.

**Child Care Provider's Signature and Date:** The person authorized to complete the billings must sign and date the form.

### HOW TO ROUND TO THE NEAREST HALF HOUR:

If remaining minutes are 1–15, drop them. For example, for 6 hours and 15 minutes, enter 6 hours.

If remaining minutes are 16–45, round to .5. For example, for 6 hours and 45 minutes, enter 6.5 hours.

If remaining minutes are 46–59, round to the next higher hour. For example, for 6 hours and 50 minutes, enter 7 hours.

**Please note: Parents are responsible for child care expenses that are not paid by the department including expenses incurred while a parent or provider's eligibility is being determined.**

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.